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TO:	PHONE #:	FAX #:
Examiner Anne-Marie Falk U.S. Patent and Trademark Office	571-272-0728	571-273-8300

From : Stacy L. Taylor
Date : November 29, 2005
Client/Matter No : 041673-2053
USSN : 10/039,078
Filing Date : 12/31/2001
User ID No : 9055

Transmitted herewith for filing in the above-referenced application is the following:

- 1) Amendment and Reply Under 37 CFR 1.111;
- 2) Amendment Fee Transmittal (*in duplicate*);
- 3) Declaration of Mark H. Tuszynski Under 37 CFR 1.131;
- 4) Declaration of Mark H. Tuszynski Under 37 CFR 1.132;
- 5) Supplemental Information Disclosure Statement Under 37 CFR 1.56; and
- 6) PTO Form SB08 (with copy of one (1) reference).

Thank you.

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Operator:	Time Sent:	Return Original To: Rachel Ann Caputo
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NOV 29 2005

Atty. Dkt. No. 041673-2053

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, Mark H.

Title: METHODS FOR THERAPEUTIC
USE OF BRAIN DERIVED
NEUROTROPHIC FACTOR IN
THE ENTORHINAL CORTEX

Appl. No.: 10/039,078

Filing Date: 12/31/2001

Examiner: Anne Marie Falk

Art Unit: 1632

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<i>Rachel Caputo</i>	(Printed Name)
<i>Rachel Caputo</i>	(Signature)
November 29, 2005	(Date of Deposit)

AMENDMENT TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	16	-	20	=	0	x	\$50.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:		+					\$360.00	=	\$0.00

Atty. Dkt. No. 041673-2053

CLAIMS FEE TOTAL = \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$120.00
<input checked="" type="checkbox"/> Supplemental IDS Under 37 CFR 1.56	\$180.00	\$180.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION, IDS AND DISCLAIMER FEE TOTAL:		\$300.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$150.00
TOTAL FEE:		\$150.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$150.00. A duplicate copy of this transmittal is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Atty. Dkt. No. 041673-2053

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

11-29-2005

By

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